

North Dakota Partnership Return Of Income

1997

For the year January 1 to December 31, 1997, or other taxable year beginning _____, 1997, and ending _____, 19 ____.

Name		* Employer identification number
Mailing address	Daytime phone () -	Date business started
City, town, state and Zip Code		<input type="checkbox"/> Check if this is an amended return
Type of Partners (Check all that apply) 1. <input type="checkbox"/> Partnership(s) 2. <input type="checkbox"/> Individual(s) 3. <input type="checkbox"/> Corporation(s) 4. <input type="checkbox"/> Other (Identify) _____		Was a North Dakota Partnership <input type="checkbox"/> Yes Return filed for the preceding year? <input type="checkbox"/> No
Type Of Business A. <input type="checkbox"/> Farming/ranching D. <input type="checkbox"/> Professional services G. <input type="checkbox"/> Manufacturing J. <input type="checkbox"/> Finance, insurance, and real estate B. <input type="checkbox"/> Retail/wholesale E. <input type="checkbox"/> Other services H. <input type="checkbox"/> Transportation C. <input type="checkbox"/> Rentals F. <input type="checkbox"/> Construction I. <input type="checkbox"/> Oil, gas, or coal K. <input type="checkbox"/> Other (Identify) _____		

- Did This Partnership Invest In A North Dakota Venture Capital Corporation This Year? ☐ Yes ☐ No
- Is this return being filed for a limited liability company (LLC)? ☐ Yes ☐ No

1. Partners' shares of income or loss (from Federal Form 1065, Schedule K, lines 1 through 7)	1		
2. Partners' shares of deductions (from Federal Form 1065, Schedule K, line 9 plus any deduction from line 11 which is not an itemized deduction)	2		
3. Balance (Subtract line 2 from line 1)	3		
4. North Dakota addback adjustments (See instructions) (Attach supporting schedule)	4		
5. Balance (Add line 3 and line 4)	5		
6. Interest income from U.S. obligations	6		
7. Other subtract adjustments (See instructions) (Attach supporting schedule)	7		
8. Total North Dakota subtract adjustments (Add line 6 and line 7)	8		
9. Adjusted federal income or loss (Subtract line 8 from line 5). If 100% North Dakota partnership, skip lines 10 through 14 and enter this amount on line 15	9		
10. Net allocable income or loss (See instructions) (Attach supporting schedule)	10		
11. North Dakota apportionable income or loss (Subtract line 10 from line 9)	11		
12. Apportionment factor (from Schedule B, line 14)	12	. - - - - -	
13. Income or loss apportioned to North Dakota (Multiply line 11 by line 12)	13		
14. Net North Dakota allocable income or loss (See instructions) (Attach supporting schedule)	14		
15. North Dakota income or loss (Add line 13 and line 14)	15		

A complete copy of the federal partnership return must be attached

I declare under the penalties of N.D.C.C. § 12.1-11-02, which provides for a Class A misdemeanor for making a false statement in a governmental matter, that this return, including any accompanying schedules and statements, has been examined by me and to the best of my knowledge and belief is a true, correct and complete return.

Signature of general partner or authorized representative

Date

Signature of paid preparer

Print firm name (or name of individual, if self-employed)

Date

Do Not Write In This Space

"Buy North Dakota Products"

Schedule A: Partners' Shares Of North Dakota Income Or Loss

Name and address of each partner (If nonresident, check box)	% Ownership Year End	* Social Security Number or FEIN of partner	Partner's share of line 15 on page 1
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
Total (If additional space is needed, attach separate schedule and include total on this line)			

Schedule B: Apportionment Of Net Income To North Dakota For All Multistate Partnerships

(Schedule B is to be completed only by those partnerships which are apportioning income to North Dakota)

Property Factor: Average value at *original* cost of real and tangible personal property used in the business.
(Exclude value of construction in progress)

1. Total	2. North Dakota	3. Factor
(Column 2 divided by Column 1 = Column 3)		
		1
		2
		3
		4
		5
		6
		7
		• _ _ _ _ _

Payroll Factor:

8. Wages, salaries, commissions and other compensation of employees which were included in the Federal Form 1065.
(If the amount reported in Column 2 does not agree with the total compensation reported for North Dakota unemployment insurance purposes, attach a detailed explanation).

		8	• _ _ _ _ _
--	--	---	-------------

Sales Factor:

9. Gross receipts or sales, less returns and allowances (Federal Form 1065, Line 1c)
10. Sales delivered or shipped to North Dakota destinations
11. Sales shipped from North Dakota to:
- (a) The United States Government
- (b) Purchasers in a state or foreign country where the partnership did not have a filing requirement.....
12. Total Sales (Add Lines 9 through 11)

		9	
		10	
		11	
		(a)	
		11	
		(b)	
		12	• _ _ _ _ _

13. Sum of Factors (Add Lines 7, 8, and 12)
14. One Third (or applicable portion) of Line 13 (If there are less than three factors, divide by the number of factors actually present on Lines 7, 8, and 12 above. Enter amount here and on Page 1, Line 12)

* In compliance with the Federal Privacy Act of 1974, Public Law 93-579, the disclosure of a social security number or a federal employer identification number on this form is mandatory and is required under Subsections 1 and 7 of North Dakota Century Code § 57-38-31. A social security number or federal employer identification number is used as an identification number by the Office of State Tax Commissioner for file control purposes, recordkeeping, and for cross-checking the taxpayer's files with the Internal Revenue Service.